

Maternity & Newborn

Competencies detailed descriptions

The graduating resident will reliably and correctly, with sensitivity and in a patient-centred way:

1. Provide pre-conception counselling:

- Provide accurate pre-pregnancy advice regarding lifestyle, dietary intake (e.g., folate, Vitamin D, multivitamin use) environmental factors (smoking, pets, infectious diseases, alcohol, radiation or chemical exposures), and teratogenic medications (including isotretinoin, warfarin, ACE inhibitors, misoprostol/diclofenac, anti-epileptic medications).
- Offer vaccination: Offer pre-pregnancy immunizations (eg Measles-Mumps-Rubella) for non immune women and some vaccinations during pregnancy (e.g., influenza) to protect women and their infants
- Work issues relevant to pregnancy: List work and home exposures (e.g., toxins, mutagens, infections such as Parvovirus) requiring management during pregnancy, and describe plans to manage these issues in patients who are pregnant or who intend to become pregnant.

2. Confirm and date pregnancies:

- Confirm and date pregnancies accurately. Order an early dating ultrasound if indicated.

3. Perform early pregnancy counselling:

- Family structure and dynamics: Assess family structure and dynamics (including between partners) and stresses and supports facing the pregnant patient.
- Prenatal screening tests: Counsel patients on common procedures performed in the office, and tests ordered in pregnancy including Integrated Prenatal Screening (IPS) tests, ultrasounds, and other screening tests including laboratory investigations. Appropriately arrange these.
- Genetic conditions: List common genetic conditions for which a patient's heredity or ethnicity might indicate a need for additional genetic counselling or testing.

4. Complete antenatal records and stratify pregnancy risk:

- Documentation: Use standard of care tools to provide high quality and comprehensive maternity care (e.g., the Ontario Antenatal forms).
- Pregnancy risk stratification: Describe maternal and fetal criteria for a pregnancy to be considered "low risks", as well criteria for pregnancy to be considered "high risk" and requiring obstetrical specialty consultation.

5. Detect and manage early pregnancy complications:

- First trimester bleeding: Diagnose and manage first trimester bleeding appropriately and sensitively (including threatened and missed abortions). For patients who experience miscarriage offer empathic, supportive counseling and advice and management plan.
- Ectopic pregnancy: List signs and symptoms of ectopic pregnancy. Identify and manage ectopic pregnancy appropriately when this occurs.
- Nausea and vomiting in pregnancy: Appropriate recognition and management of NVP and hyperemesis.

6. Provide comprehensive prenatal care for low risk female patients:

- Prenatal Visits (Schedule, Purpose): Describe an appropriate prenatal visit schedule for your patient, and outline the purpose of each visit.
- Key pregnancy-related office based pregnancy procedures: Perform and interpret screening tests for conditions relevant to maternal and fetal well-being (including fetal movement counts, symphysis fundal height, maternal weight, use of Doppler to assess fetal heart rate).

7. Detect / manage late pregnancy complications:

- Abnormal lie: Describe and diagnose an abnormal lie (including transverse lie). Propose appropriate management plan for abnormal lie.
- Breech presentation: Describe management plan for breech presentation.
- Intra Uterine Growth Retardation: Describe characteristics of IUGR, its diagnosis, prevention and management.
- Gestational hypertension: Describe approach to diagnosis and management of gestational hypertension / pregnancy induced hypertension, including pre-eclampsia.
- Placental Position: Describe significance of placental position including risks of low-lying placenta and placenta previa, and describe approaches to counseling and managing these patients.
- Gestational Diabetes Mellitus: List risk factors for GDM. Order screening tests for GDM, and list implications (for mother and baby) of GDM in the long term care of the patient and post-partum follow-up of affected individuals.
- Ante-partum hemorrhage: Recognize, diagnose and manage APH appropriately in a timely fashion.
- Premature rupture of the membrane (PROM): Describe approach to diagnosis and management of PROM.
- Preterm labour: Counsel patients on preterm labour, and how to recognize and manage this appropriately.

INTRAPARTUM

8. Diagnose spontaneous rupture of membranes.

9. Perform accurate cervical assessments: Perform vaginal examination for cervical status (including cervical dilation), fetal station and presentation.

10. Manage labour, interpret fetal surveillance:

- Dystocia (failure to progress): Describe and recognize risk factors for an abnormal or difficult childbirth or labour. Diagnose and treat by nonpharmacologic means and pharmacologic means, including oxytocin.
- Fetal surveillance: Perform basic fetal surveillance including intermittent auscultation and electronic fetal monitoring, including from a fetal scalp electrode.
- Compromised fetal status: List and recognize indicators of compromised fetal status and initiate appropriate and timely interventions.

11. Place a fetal scalp electrode:

Demonstrate safe and effective fetal scalp electrode placement technique.

12. Manage amniotomy, induction and augmentation of labour:

- Amniotomy: Describe indication for amniotomy and perform this intervention safely.
- Augmentation of Labour: Describe and perform techniques for cervical ripening (including role of prostaglandins) and with supervision initiate augmentation of labour (including oxytocin).

13. Manage spontaneous vaginal delivery: Manage spontaneous term singleton vertex labour and delivery (including delivery of the placenta) and immediate care and after care of mother and baby.

14. Manage obstetrical emergencies:

- Shoulder dystocia: Describe risk factors for shoulder dystocia and common management approaches.
- Prolapsed cord: Describe an approach to recognizing and providing emergency management for a prolapsed umbilical cord.
- Intra-partum fever and infection: When facing intra-partum fever and infection choose appropriate cultures to perform, and manage acutely and empirically if necessary. Manage prolonged rupture of membranes appropriately.
- Retained placenta: Recognize signs and symptoms of a retained placenta and describe techniques to remove a retained placenta (including manual removal).
- Post- Partum Hemorrhage: Describe risk factors for and approach to diagnosis, prevention and management of immediate and later postpartum hemorrhage Basic skills are expected with an ability to identify when assistance is required.

15. Participate in assisted vaginal delivery:

- Describe the theory behind use of an outlet vacuum or forceps assistance for a low assisted vaginal delivery.
- Perform vacuum assisted delivery as indicated, with supervision or by simulation.

16. Perform basic perineal repair:

- Describe the indications for an episiotomy, and perform one as required.
- Assess the degree of perineal injury.
- Demonstrate satisfactory repair of an uncomplicated first or second degree perineal laceration or episiotomy, with supervision.

17. Communicate / collaborate effectively (patient, family, team):

- Display a respectful attitude towards patients and communicate compassionately and in a patient-centred way.
- Communicate professionally with family members and members of the maternity/newborn health care team to facilitate shared and informed decision-making.

18. Provide breastfeeding support:

Encourage breast feeding, develop strategies to promote this, and prevent and help with breast feeding difficulties, and help women with breastfeeding difficulties

19. Manage key post-partum issues (maternal, baby):

- Diagnose and manage key maternal post partum complications including pain, fever, urine retention, bleeding, delayed hemorrhage, infections, uterine rupture.
- Demonstrate an organized approach to postpartum follow up visits Assessing at least the "Ten B's" ie "Bonding", "Baby", "Breast (feeding and concerns)", "Blues", "bladder/bowel" function, "Bottom" (healing of interventions and repairs), "birth controls", "bleedings", "battery" (personal safety including spousal support, abuse screening), "booster" (e.g., rubella)
- Manage maternal complications for conditions such as gestational hypertension, gestational diabetes.
- Screen for, assess and manage post-partum depression (using common tools such as Edinburgh Postnatal Depression scale) and assess support.

20. Examine newborn and address issues:

- Recognize newborns requiring respiratory support and other serious conditions that require higher level neonatal support and perform basic neonatal resuscitation if required.
- Examine Neonates and describe how to recognize common physical findings or congenital abnormalities in the newborn and their significance (e.g., cardiac murmur, undescended testes, hypospadias, benign neonatal rashes, congenital skin lesions, hip abnormalities, genitourinary tract abnormalities).
- Attend to routine newborn discharge issues, giving appropriate routine neonatal care and discharge instructions (e.g., breastfeeding advice, neonatal screening including hearing, sleep position and safety, monitoring hydration/weight gain, vitamin D supplementation, car seats) and recommend timely and adequate post-discharge care.

POSTPARTUM